



INSPECTION DEFECT LIST

Inspection ID # _____

Page 1 of _____

Estimated Person-Hours for Rework*: _____ Scheduled Follow-up Date*: _____

Estimated Rework Completion Date*: _____ Actual Rework Completion Date*: _____

#	Location(s)	Description	Finder's Initials	Classification	Comments	Location of Correction(s) ***	Corrected **
1				Major Defect <input type="checkbox"/> Missing <input type="checkbox"/> Minor Defect <input type="checkbox"/> Wrong <input type="checkbox"/> Open Issue <input type="checkbox"/> Extra <input type="checkbox"/> Type _____ Origin _____			<input type="checkbox"/>
2				Major Defect <input type="checkbox"/> Missing <input type="checkbox"/> Minor Defect <input type="checkbox"/> Wrong <input type="checkbox"/> Open Issue <input type="checkbox"/> Extra <input type="checkbox"/> Type _____ Origin _____			<input type="checkbox"/>
3				Major Defect <input type="checkbox"/> Missing <input type="checkbox"/> Minor Defect <input type="checkbox"/> Wrong <input type="checkbox"/> Open Issue <input type="checkbox"/> Extra <input type="checkbox"/> Type _____ Origin _____			<input type="checkbox"/>
4				Major Defect <input type="checkbox"/> Missing <input type="checkbox"/> Minor Defect <input type="checkbox"/> Wrong <input type="checkbox"/> Open Issue <input type="checkbox"/> Extra <input type="checkbox"/> Type _____ Origin _____			<input type="checkbox"/>
5				Major Defect <input type="checkbox"/> Missing <input type="checkbox"/> Minor Defect <input type="checkbox"/> Wrong <input type="checkbox"/> Open Issue <input type="checkbox"/> Extra <input type="checkbox"/> Type _____ Origin _____			<input type="checkbox"/>



INSPECTION DEFECT LIST (CONT'D)

Inspection ID # _____

Page _____ of _____

Corrected
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#	Location(s)	Description	Finder's Initials	Classification	Comments	Location of Correction(s) ***	Corrected
<input type="radio"/>				Major Defect <input type="checkbox"/> Missing <input type="checkbox"/> Minor Defect <input type="checkbox"/> Wrong <input type="checkbox"/> Open Issue <input type="checkbox"/> Extra <input type="checkbox"/> Type _____ Origin _____			<input type="checkbox"/>
<input type="radio"/>				Major Defect <input type="checkbox"/> Missing <input type="checkbox"/> Minor Defect <input type="checkbox"/> Wrong <input type="checkbox"/> Open Issue <input type="checkbox"/> Extra <input type="checkbox"/> Type _____ Origin _____			<input type="checkbox"/>
<input type="radio"/>				Major Defect <input type="checkbox"/> Missing <input type="checkbox"/> Minor Defect <input type="checkbox"/> Wrong <input type="checkbox"/> Open Issue <input type="checkbox"/> Extra <input type="checkbox"/> Type _____ Origin _____			<input type="checkbox"/>
<input type="radio"/>				Major Defect <input type="checkbox"/> Missing <input type="checkbox"/> Minor Defect <input type="checkbox"/> Wrong <input type="checkbox"/> Open Issue <input type="checkbox"/> Extra <input type="checkbox"/> Type _____ Origin _____			<input type="checkbox"/>
<input type="radio"/>				Major Defect <input type="checkbox"/> Missing <input type="checkbox"/> Minor Defect <input type="checkbox"/> Wrong <input type="checkbox"/> Open Issue <input type="checkbox"/> Extra <input type="checkbox"/> Type _____ Origin _____			<input type="checkbox"/>
<input type="radio"/>				Major Defect <input type="checkbox"/> Missing <input type="checkbox"/> Minor Defect <input type="checkbox"/> Wrong <input type="checkbox"/> Open Issue <input type="checkbox"/> Extra <input type="checkbox"/> Type _____ Origin _____			<input type="checkbox"/>

